

Checking Switch Kit

Authorization to Change Automatic Payment

Complete this form for each company or organization with whom you have arranged for automatic payment. Visit your local Eastern Bank for additional forms, or make copies of this form.

Once completed, please bring the form(s) back to any Eastern branch and we'll take care of the changeover. If you prefer, you can mail the form(s) directly to the company or organization.

I have closed my checking account at:

Name of financial institution (please print) _____

Effective date of the account closing _____

Account number _____

Name(s) on account _____

I hereby authorize automatic payment from my new checking account at:

Eastern Bank
265 Franklin Street
Boston, MA 02110
1-800-EASTERN
ABA Routing #: 0113-0179-8

My new Eastern Bank account number _____

Company to receive this form _____

Address (where payment is sent) _____

Customer service phone number (if available) _____

Account number at this company _____

Your name(s) and address _____

Signature(s) _____

Daytime phone number _____ Date _____